

FILED
APR 29 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SJD New
WHA

E. Cling

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

MARCIO FOREMAN

(Name of Plaintiff)

P.O. Box 600

(Address of Plaintiff)

TRACY, CA 95378

vs.

CV 08 - 2233
(Case Number)

(PR)

COMPLAINT

S. MOORE / J. GUEVARA
S. DEWIGHT / R. RACKLEY

(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: ☐ Yes ☒ No

B. If your answer to A is yes, how many?: N/A Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff MARCIO FOREMAN

Defendants S. MOORE, S. DEWIGHT, R. RACKLEY
J. GUEVARA.

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

Rev'd 5/99

MS-2233 WHA

2. Court (if Federal Court, give name of District; if State Court, give name of County)

N/A

3. Docket Number N/A

4. Name of judge to whom case was assigned N/A

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit N/A

7. Approximate date of disposition N/A

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution? ☒ Yes ☐ No

B. Have you filed a grievance concerning the facts relating to this complaint?

☒ Yes ☐ No

If your answer is no, explain why not _____

C. Is the grievance process completed? ☒ Yes ☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant S. MOORE is employed as The Warden
AF DEVEL Vocational Institution

B. Additional defendants J. GUEVARA, S. DEWIGHT, R. RACKLEY

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)


SEE exhibit (1) Civil Complaint

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

See Civil Complaint

Signed this 20 day of April, 2008.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

4/20/08
(Date)


(Signature of Plaintiff)

1 MARCIO. FOREMAN - F-97105

Exhibit (1)

2 P.O. Box 600

3 TRACY CA 95378

4

5

6

7

8

9

10

11

12 MARCIO FOREMAN
PLAINTIFF,

13 VS-

14 S. MOORE - WARDEN, ET AL.

15 DEFENDANT

CASE No*
Civil Rights Complaint

16

I. JURISDICTION

17 1) This is a Civil Rights ACTION being filed
18 IN ACCORDANCE WITH § 42 U.S.C § 1983-§1341 AND 1342.

19

II. PLAINTIFF

20 2) PLAINTIFF MARCIO FOREMAN IS AN INMATE
21 OF THE HEREIN CAUSE OF ACTION INCARCERATED AT
22 DEUEL VOCATIONAL INSTITUTION (D.V.I.)

23

III. DEFENDANTS

24 3) DEFENDANT S. MOORE IS THE WARDEN
25 OF DEUEL VOCATIONAL INSTITUTION AND AT ALL TIMES,
26 MENTIONED IN THIS COMPLAINT, ACTED AS THE WARDEN
27 AND IS BEING SUED IN HIS OFFICIAL CAPACITY

2811

1 4) DEFENDANT J. CUEVARA IS A CORRECTIONAL
 2 COUNSELOR (I) AND AT ALL TIMES MENTIONED IN THIS,
 3 COMPLAINT ACTED AS THE COUNSELOR (I) AND IS BEING SUED
 4 IN HIS OFFICIAL CAPACITY.

5 5) DEFENDANT S. DEWIGHT IS THE (A.D.A.)
 6 COORDINATOR WHO AT ALL TIMES MENTIONED IN THIS,
 7 COMPLAINT IS BEING SUED IN HIS OFFICIAL CAPACITY

8 6) DEFENDANT K. RACKLEY IS THE ASSOCIATE WARDEN
 9 WHO AT ALL TIMES MENTIONED IN THIS COMPLAINT IS
 10 BEING SUED IN HIS OFFICIAL CAPACITY.

11 - FACTS -

12 7) SEE ATTACHED LETTER EXHIBIT (2)

13 11
 14 11
 15 11
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 21 11
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 24 11
 25 11
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 27 11
 28 11

To: DEVEL Locational Institution Administration
2 23500 HASSON Rd
3 TRACY CA 95378

Case 3:08-cv-02233-JHK Document 1 Filed 04/29/08 Page 6 of 41

Exhibit (21)

From: MR MARCIO GOREMAN
5 F.97105 F.DOR177 #22

Re: EMERGENCY MEDICAL
TREATMENT

8 To Whom it may CONCERN:

- introduction -

9 MY NAME IS MARCIO GOREMAN A PRISONER AT
10 DEVEL Locational Institution (D.V.I.)

Verification of Disability

12 ON 10/31/08 I WAS SHOT, AND ENDED UP AS A,
13 PARAPLEGIC. SEE EXHIBIT (1) LETTER FROM ILIAS CHANDEL

15 ON 10/29/07 A LETTER WAS WRITTEN BY DOCTOR,
16 REBEKAH CHANG DESCRIBING MY DIABETES SITUATION. SEE EXHIBIT
17 LETTER

- History Summary -

18 ON 2/8/08 WHILE SLEEPING I WOKE UP ON 2/9/08
19 AND FOUND THAT I HAD BEEN BURN ON MY LEFT FOOT BY A HEATER
20 NEXT TO MY BED THAT HAD PIPES EXPOSED.

22 ON 2/25/08 17 DAY LATER I WAS SEEN IN THE EMER-
23 - gency room AT (D.V.I) BY DR. GRIGGIN WHO CONSULTED
24 WITH DR. BAKKO WHOM DETERMINE THAT I NEEDED TO GO TO A,
25 OUTSIDE HOSPITAL WHERE I WAS TREATED AT MENTECA DOCTOR
26 HOSPITAL.

Prior to going to the MENTACA Hospital my Medical issue was Documented on a C.D.C. - PROGRESS Notes Documenting my Burn. SEE Exhibit (3) PROGRESS Notes

ON 2/25/08 I WAS SENT TO THE EMERGENCY ROOM AT AT MENTACA DOCTOR HOSPITAL AND WAS GIVEN X-RAYS AND MICROBIOLOGY ETC. SEE EXHIBIT (4) PHYSICIAN ORDER

I WAS RETURNED TO (D.V.I) WHERE THE ORDERS FROM DOCTORS HOSPITAL WERE NOT COMPLIED WITH.

- DIAGNOSIS -

I WAS SUMMONED TO DRESSING CHARGED ON 3/17/08 WAS TOLD BY (P.H.) CRAWFORD...

--- "I AM GOING TO TALK TO THE HEAD DOCTOR ABOUT YOUR SITUATION BECAUSE YOUR FOOT HAS GOTTEN WORSE"

ON 3/18/08 I WAS SEEN IN THE EMERGENCY ROOM AT (D.V.I) ABOUT MY FOOT WHERE AS THE DOCTOR NOTICE SWELLING TO, THE BURN AREA OF MY FOOT.

ON NUMEROUS OCCASION I WAS ORDERED A SERIES OF URGENT ORDERS,

1). ON 3/10/08 DR. NEWMAN ORDERED LAB. WORK AND A PHYSICIAN REQUEST FOR SURGERY.

2). ON 3/17/08 I WAS INTERVIEWED BY DR. NEWMAN REGARDING A C.D.C. 602 ABOUT NOT RECEIVING THERAPY. AND DR. NEWMAN WROTE AN URGENT ORDER FOR A POSSIBLE SKIN GRAFT; THIS WILL BE DR. NEWMAN SECOND ORDER

1 3) ON 3/18/08 the Podiatry Dr. MARRAN,
 2 (D.M.P.) WROTE A URGENT REQUEST FOR ME TO SEE A
 3 SURGEON ABOUT MY FOOT CONDITION.

4 4). ON 3/18/08 I WAS IN THE EMERGENCY
 5 ROOM AT D.V.I) AND WAS TOLD BY (P.A.) BOLTINHAM THAT,
 6 SHE WILL SUBMIT A URGENT REQUEST FOR ME TO BE SEEN BY A
 7 Surgeon. II

8 5). ON 3/19/08 DR. BAKKO INFORMED ME
 9 What "YOUR FOOT LOOKS REAL BAD, SOMETHING IS DEFINITELY
 10 GOING ON. I AM GOING TO PUT IN A URGENT REQUEST IN
 11 FOR YOU TO BE SEEN BY A SURGEON"

12 6). ON 3/19/08 40 DAYS AFTER THE BURN MEDICAL
 13 OFFICIALS, WHO KNEW THAT I WAS A DIABETIC WOMAN,
 14 DECIDED TO TAKE X-RAYS AND WOUND CULTURE.

15 7) ON 3/19/08 FOR THE FIRST TIME SINCE BEING
 16 HERE IN (D.V.I) I WAS SEEN BY THE OPTOMETRIST
 17 FOR THE FIRST TIME FOR EYE CHECK DUE TO BEING A
 18 Diabetic.

19 II IT SHOULD BE NOTED THAT MEDICAL
 20 OFFICIAL WAITED 40 DAYS TO DO LAB
 21 WORK. CULTURES FOR THE BURN TO MY
 22 FOOT AND 2 X-RAYS.

I HAVE SIT BACK AND DOCUMENTED
 ANY AND ALL ACTIVITIES REGARDING MY HEALTH
 AND CONDITION OF ALL ILLEGAL MISCONDUCT MY MEDICAL
 STAFF SEE EXHIBIT(5) DOCUMENTATION

I'M IN GREAT NEED OF PHYSICAL THERAPY IN,
 WHICH MY DOCTOR HAS MADE CLEAR, OF SUCH NEED,
SEE EXHIBIT(6) LETTER FROM THERAPEUT TODD TANNER

BEING A DIABETIC NOT BEING GIVEN THE
 RIGHT MEDICAL PROTOCOL TO A DIABETIC NEEDS. MY
 HEALTH IS BEING PUT AT RISK FOR STROKE, AMPUTATION,
 OR SEVER-ACUTE CARDIAC ARREST.

MY MOM MRS. RHONDA JACKSON HAD
 A STROKE AND IS UNABLE TO TRAVEL WHICH IS
 A HANDSIP UPON HER AND MYSELF. SEE EXHIBIT(7)
VISITOR RESTRICTION TROY KAIL (M.D.) FOR RHONDA JACKSON

ON 2/11/08 I WAS SEEN BY (P.A.) CRAWFORD WHO
 CLEARLY FALSIFIED A MEDICAL RECORD (S.O.A.P.E) REPORT
 CLAIMING THAT I KNEW MY FOOT WAS ON A VERY HOT
 HEATER! SEE EXHIBIT(8) S.O.A.P.E. REPORT

IT SHOULD BE NOTED THAT I AM A PARAPLEGIC
 FROM WAIST DOWN SEE EXHIBIT(9) REPORT S.O.A.P.E

BUT (P.A.) HAS SAID THAT I KNEW MY FOOT
 WAS ON THE HEATER. BUT AT THE SAME TIME,
 CRAWFORD STATED IN EXHIBIT(9) THAT I AM A
 PARAPLEGIC.

1 it is all to well. CLEAR that medical
 2 staff has used PREVARICATING ISSUE to KEEP FROM
 3 performing their established PROTOCOL that has
 4 BEEN CREATED by medical guide LINE for Diabetic.

5 BEING A Diabetic, NOT being given
 6 the right PROTOCOL of TREATMENT OR of MEDICATION.
 7 MY health is BEING Put at risk FOR,
 8 FOR STROKE. AMPUTATION OR SEVER ACUTE CARDIAC
 9 ARREST.

10 DUE TO THE PROLONG LACK of MEDICAL
 11 PROFESSIONALISM AND TREATMENT, I FEEL BOOTHERED
 12 AND VERY MUCH THREATEN THAT SOMETHING MAY,
 13 HAPPEN TO ME MEDICALLY/PHYSICALLY THAT,
 14 WOULD HAVE SEVER IMPACT ON MY FUTURE
 15 HEALTH AND WELL BEING THEREFORE I FEEL
 16 THAT MY HEALTH IS IN PERILS.

17 - PRAYER -

18 1) THAT AN INVESTIGATION BE CONDUCTED INTO
 19 WHY WAS I NOT GIVEN CULTURES AS A Diabetic,
 20 2) WHY DID IT TAKE 40 DAYS TO CONDUCT,
 21 BLOOD WORK, AND ALL OF THE PROTOCOL THAT GO ALONG,
 22 WITH BEING A Diabetic.

23 3) WHY WAS STAFF "MEDICAL" ALLOWED TO
 24 WILLFULLY TO FALSIFIED MEDICAL RECORDS SEE EXHIBIT (8)
 25 WHICH VIOLATES PENAL CODE §134 PREPARING FALSE EVIDENTS.

1 40. AS A DIABETIC WHY WAS MY MEDICAL
2 RECORDS NOT GIVEN PRIORITY.

3 THEREFORE IT WAS ONLY LOGICAL
4 FOR ME TO DOCUMENT THE HEREIN OCCURRENCES
5 Respectfully Submitted

6 DATED: 4/20/08

X marie Foreman

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Exhibit (1)
LETTER FROM ILIAS
CHAUDRY "M.D."

Exhibit (1)



KAISER PERMANENTE®

Kaiser Permanente Medical Center

October 5, 2007

To Whom It May Concern:

Marcio Foreman suffered a gunshot wound to his spine in late October 2003, and as a result is now a paraplegic. He was under my care at Kaiser Vallejo Rehabilitation Center receiving therapies to assist him in his recovery, following spinal cord surgery at Kaiser Oakland. His activities have been severely limited by his spinal cord injury, and he is dependent on a wheelchair for mobility.

Marcio has a history of pressure sores. He has a neurogenic bowel and bladder which requires self catheterization every three to four hours. Marcio will continue to require medical attention for the rest of his life. He is scheduled to attend Out Patient Physical Therapy here at Kaiser Vallejo in the near future.

Dr. Rebecca Chang of Kaiser Vallejo is the primary physician for Marcio. I continue to monitor his rehabilitation care.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ilyas Chaudry'.

Ilyas Chaudry, M.D.
(707)651-1044

Exhibit (2)
Letter from KASIEK
MEDICAL GROUP

The Permanente Medical Group, Inc.

Medicine 2
 975 Sereno Drive
 Vallejo, CA 94589-2441
 Dept: 707-651-1025
 Main: 707-651-1000

Exhibit 2

October 29, 2007

Marcio Foreman
 1260 Stanford Ave # 4

~~San Pablo, CA 94806~~

To Whom it May Concern:

I am the primary care physician for the above named patient. He has the following medical conditions:

Patient Active Problem List:

DIABETES MELLITUS TYPE 2
 PARAPLEGIA
 ULCER, DECUBITUS - uses mepilex foam for protection of this area left buttock
 ULCER, ISCHEMIC LOWER EXTREMITY - none active
 OSTEOMYELITIS, CHRONIC
 CLOSED FRACTURE VERTEBRAL COLUMN, WITH SPINAL CORD INJURY
 LATE EFFECT OF INJURY SPINAL CORD
 PERSONAL CONDITION INFECTION WITH DRUG RESISTANT
 MICROORGANISMS
 NEUROPATHIC BLADDER

He currently takes the following medications:

Medications the patient reported as taking as of 10/29/2007

Name	Days	Dispense	Refill
• PGE1 PAVERINE 20 MCG-30	directed as needed	10	5
• HYDROCODONE- ACETAMINOPHEN 5 MG-500 MG TAB	Take 1 to 2 tablets orally every 4 hours when needed for pain LIMIT OF 8 PER DAY	100	0
• ASPIRIN 81 MG ORAL TBEC DR TAB	Take 1 tablet orally daily	100	0
• OXYBUTYNIN CHLORIDE 5 MG ORAL TAB	Take 1 tablet orally 3 times a day	300	2
• BACLOFEN 10 MG ORAL TAB	Take 3 tablets orally 6 times a day	1200	3

- | | | | |
|-----------------------------|--------------------------------------|-----|---|
| • METFORMIN 500 MG ORAL TAB | Take 1 tablet orally daily with food | 100 | 3 |
| • LISINOPRIL 5 MG ORAL TAB | Take 1 tablet orally daily | 100 | 3 |

He has the following special medical needs:

~~He needs to self cath every 4 hours due to neuropathic bladder~~

He takes baclofen 3 tabs every 4 hours - for muscle spasms.

~~He uses fleet enemas (2) and fleet suppositories every 2-3 days to achieve BM.~~

~~He uses bedpan b/c of hx of bedsores.~~

He requires a shower bench in shower due to paraplegia.

~~He uses wheelchair with custom Rebo cushion.~~

Currently he sleeps on an air mattress to help prevent bedsores.

~~He uses waffle boots while sleep to keep legs from turning inward.~~

For transfers into and out of bed, he uses sliding board.

He uses thick cream skin protectant to prevent breakdown of skin and uses skin barrier wipes.

He uses mepilex foam for protection of this area left buttock - he needs first aid tape to secure the foam

~~He uses latex gloves for assisted bowel movements and catheterization for urine.~~

Sincerely,


REBEKAH CHANG MD

Exhibit (3)
PROGRESS NOTES

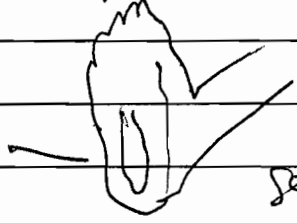
Exhibit 3

DATE	TIME	
2/19/08		S Shu on wound
		O BP 110/72 P 99 R 18 WT 170 O2 T 97.2
		A DEFER <i>Altered Shen integrity</i>
		P REFER TO MD/PA/FNP BY:

Addendum:

2-19-08 0845 There for 4/10 dpt R/T Thermal burn to 1 foot, states his compliant & tv ds ordered. Upon further Assessment unmet has burn noted to heal the procedures to the sole of the foot. Noted some (sero) sanguinous drainage + minimal drainage. *1/4 night*

2/11/08 foot noted on a heater, pt has 6cm x 3cm ruptured blister over (2) plantar foot. No c/o pain.

(1) 6cm x 4cm  *serous drainage*
no ascending cellulitis; no ascending cellulitic break.

(1) 2nd degree burn (2) DM - cont
 (3) silvadene application / non adherent dressing

INSTITUTION *DJ*

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

(2) daily & until healed *Joerman Marcio*
 (3) on septron from 2/8 - 2/18 *F97105*

INTERDISCIPLINARY PROGRESS NOTES

(4) will extend septron

11-2-1

Exhibit (4)
- PHYSICIAN ORDER -

Exhibit (9)
7 PAGES

DOCTORS HOSPITAL MANTECA1205 E. North Street Manteca, CA 95336
(209) 823-3111**AFTERCARE INSTRUCTIONS**
FOREMAN, MARCIO 01/29/1974
 ACCT# 0522031 02/25/2008 19:08
 SMEESTER DANIEL J MR:000313884 M 34Y
 DHM HSV:85 FC:FinancialClass PT:3
PRESCRIPTION ☐ See controlled substance Rx**DRUG NAME**
GENERIC EQUIVALENT UNLESS INITIALED**SIG****No.****Refill**

Keflex 500 - 1 po QID
Sildenafil Citrate 100mg bid + 100mg

*40**0*
 J WOODBURY 20A5306
 D SMEESTER A86415
 R NOCERINI A87033
 G MOORE G62634
 S HERINGER 20A9055
 G HACHIGIAN G052260
 S RAMAKRISHNAN
 A73586
 T WENDEL G86425
 M MALLATT CAPA017004
 W GUTIERREZ
 CAPA016176

DETACH PRESCRIPTION HERE ↓

*A 2276V**02***D.O./M.D./PA**

PLEASE BE SURE THAT YOU HAVE READ AND UNDERSTAND ALL INSTRUCTIONS BEFORE SIGNING. THE EXAMINATION AND TREATMENT YOU HAVE RECEIVED HAS BEEN RENDERED ON AN EMERGENCY BASIS ONLY AND IS THEREFORE NOT INTENDED TO BE A SUBSTITUTE FOR, OR AN EFFORT TO PROVIDE COMPLETE MEDICAL CARE.

IT IS IMPORTANT THAT YOU ARRANGE FOR FOLLOW-UP CARE WITH YOUR PRIVATE PHYSICIAN OR REFERRAL AND THAT YOU REPORT ANY NEW OR CONTINUING PROBLEMS. THIS ENSURES CONTINUITY AND PROPER TREATMENT OF YOUR MEDICAL CONDITION. THIS CONTINUITY OF CARE IS IMPORTANT BECAUSE IT IS IMPOSSIBLE TO RECOGNIZE AND TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE EMERGENCY DEPARTMENT VISIT. PLEASE BRING THIS INSTRUCTION SHEET AS WELL AS ANY PRESCRIBED MEDICATIONS TO YOUR FOLLOW UP VISIT.

PRELIMINARY XRAY AND OTHER STUDIES DONE IN THE ED WILL BE REVIEWED AND YOU WILL BE ADVISED OF ANY SIGNIFICANT FINDINGS. WHEN YOU FOLLOW UP WITH YOUR PRIVATE PHYSICIAN THESE STUDIES MAY BE REVIEWED AND ARE AVAILABLE TO YOUR DOCTOR.

REMEMBER THAT MOST ILLNESSES AND MANY MEDICATIONS CAN AFFECT YOUR ALERTNESS. IF YOU ARE NOT AS ALERT AS USUAL, YOU MUST AVOID DANGEROUS ACTIVITIES SUCH AS DRIVING A CAR, WORKING WITH MACHINERY, PILOTING AIRCRAFT, OR WORKING IN HIGH OR UNPROTECTED PLACES.

*** THE EMERGENCY DEPARTMENT DOES NOT PROVIDE ROUTINE FOLLOW UP IN MOST CASES ****** HOWEVER WE ASK THAT YOU RETURN IF YOUR CONDITION WORSENS ***

☒ **Exitcare Diagnosis** *3rd Degree Burn (Forearm) PVD (3) Dupuytren's Contracture*
☐ Call your doctor or referral for an appointment for recheck within _____ days and to go over final x-ray and culture reports
Wound 1 inch by 1 inch Sutured on Neosporin BID
Tylenol or Motrin for pain as needed

Wound check _____ days Stitches/Staples out in _____ days Eye Injury recheck _____ hours

 I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED
 AND UNDERSTAND THESE AFTERCARE INSTRUCTIONS
PATIENT SIGNATURE: _____

↓ DETACH HERE ↓

NAME**WORK EXCUSE****SCHOOL EXCUSE**
☐ No work for _____ days OR ☐ May return to work on _____ (date)

☐ No school for _____ days
 OR
WORK RESTRICTIONS
☐ May return to school on _____ (date)

☐ May return to work with the following restrictions on _____ (date)
☐ limited lifting to _____ lbs ☐ Limited bending/stooping/crawling/ kneeling
☐ Limited standing/walking ☐ Limited climbing/balancing
☐ Limited use of Right hand ☐ Limited use of Left hand

☐ No Physical Education for _____ days

RN

D.O./M.D./PA *2/25* Date

Doctors Hospital Of Manteca

Tenet California



ORDERS		Allergies: <input type="checkbox"/> NKA <i>Morphine, Cipro</i>																												
<input type="checkbox"/> ORTHOSTATS <input type="checkbox"/> FINGER STICK BS <input type="checkbox"/> CARD MONITOR/BP MONITOR <input type="checkbox"/> PULSE OX <input type="checkbox"/> ABG <input type="checkbox"/> O2 @ _____ <input type="checkbox"/> EKG LAB <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> BMP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> LIPASE <input type="checkbox"/> AMYLASE <input type="checkbox"/> SERUM KETONES <input type="checkbox"/> UA <input type="checkbox"/> U-PREG <input type="checkbox"/> QUAL SERUM PREG <input type="checkbox"/> QUANTITATIVE HCG <input type="checkbox"/> CARDIAC ENZ PROTOCOL <input type="checkbox"/> BNP <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> D-DIMER <input type="checkbox"/> ESR <input type="checkbox"/> CRP <input type="checkbox"/> HOLD CLOT <input type="checkbox"/> TYPE&CROSS _____ UNITS PRBC's <input type="checkbox"/> TYPE & RH LEVELS <input type="checkbox"/> TYLENOL <input type="checkbox"/> ASPIRIN <input type="checkbox"/> BLOOD ALCOHOL <input type="checkbox"/> URINE DRUG SCREEN <input type="checkbox"/> AMMONIA <input type="checkbox"/> TSH <input type="checkbox"/> Free T4 <input type="checkbox"/> DIGOXIN <input type="checkbox"/> DILANTIN <input type="checkbox"/> TEGRETOL (carbamazepine) <input type="checkbox"/> DEPAKOTE (valproic acid) XRAY <input type="checkbox"/> CXR PORT 2VIEW <input type="checkbox"/> ABD SINGLE 3VIEW <input type="checkbox"/> Cervical Spine x-ray <input checked="" type="checkbox"/> L/S Spine x-ray <i>2/10/08</i>		ADDITIONAL ORDERS <input type="checkbox"/> COMPLAINT BASED PROTOCOL INITIATED <input type="checkbox"/> LET to wound <input type="checkbox"/> EMLA to wound <input type="checkbox"/> 1% LICOCAINE <input type="checkbox"/> 0.5% SENSORCAINE <input type="checkbox"/> WITH EPI <input type="checkbox"/> LACERATION SET UP <input type="checkbox"/> INDERMIL <input type="checkbox"/> DERMABOND <input type="checkbox"/> STAPLER <input type="checkbox"/> Irrigate please <input type="checkbox"/> Eye Tray w Flour/strip, Alcaine, Black light <input type="checkbox"/> Bacitracin-polymyxin sulf 3.5gm Ophthalmic ointment <input type="checkbox"/> Acuity R 20/ _____ L 20/ _____ <input type="checkbox"/> Sulfa 10% Ophthalmic Drops <input type="checkbox"/> Poly/Time Ophthalmic Drops <input type="checkbox"/> OLD H&P <input type="checkbox"/> DISCHARGE SUMMARY <input type="checkbox"/> LAST ED VISIT <input type="checkbox"/> OLD EKG <input type="checkbox"/> MY LAST ED VISIT <table border="1"> <thead> <tr> <th>Time order</th> <th>Medication / Treatment</th> <th>Time given</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> ASA 325 mg PO <input type="checkbox"/> ASA 81 mg PO <input type="checkbox"/> ASA given PTA (<input type="checkbox"/> home <input type="checkbox"/> Ambulance)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> NTG 1/150 SL Q 5min times 3 doses <input type="checkbox"/> NTG _____ inch to chest</td> <td></td> </tr> <tr> <td>1938</td> <td><i>Saline Lock</i> <input type="checkbox"/> IV 36cc 1/1/1/1 <input type="checkbox"/> Accucheck</td> <td></td> </tr> <tr> <td>1955</td> <td><i>Prax 2 6mg IV</i></td> <td></td> </tr> <tr> <td>1957</td> <td><i>Levophan 100 mg po</i></td> <td></td> </tr> <tr> <td>2000</td> <td><i>Moh 800 po</i></td> <td></td> </tr> <tr> <td>2125</td> <td><i>Clear @ port to H2O2 or Betadine</i></td> <td></td> </tr> <tr> <td></td> <td><i>2 cycles Silver dress</i></td> <td></td> </tr> </tbody> </table>		Time order	Medication / Treatment	Time given		<input type="checkbox"/> ASA 325 mg PO <input type="checkbox"/> ASA 81 mg PO <input type="checkbox"/> ASA given PTA (<input type="checkbox"/> home <input type="checkbox"/> Ambulance)			<input type="checkbox"/> NTG 1/150 SL Q 5min times 3 doses <input type="checkbox"/> NTG _____ inch to chest		1938	<i>Saline Lock</i> <input type="checkbox"/> IV 36cc 1/1/1/1 <input type="checkbox"/> Accucheck		1955	<i>Prax 2 6mg IV</i>		1957	<i>Levophan 100 mg po</i>		2000	<i>Moh 800 po</i>		2125	<i>Clear @ port to H2O2 or Betadine</i>			<i>2 cycles Silver dress</i>	
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2125	<i>Clear @ port to H2O2 or Betadine</i>																													
	<i>2 cycles Silver dress</i>																													
<input type="checkbox"/> CT CHEST <input type="checkbox"/> w/o CONTRAST <input type="checkbox"/> PE PROTOCOL <input type="checkbox"/> w/CONTRAST <input type="checkbox"/> CT ABD/PELVIS <input type="checkbox"/> w/CONTRAST <input type="checkbox"/> Oral <input type="checkbox"/> IV <input type="checkbox"/> w/o CONTRAST <input type="checkbox"/> CT HEAD w/o CONTRAST <input type="checkbox"/> CT C-SPINE w/o CONTRAST <input type="checkbox"/> MRI/MRA BRAIN MICROBIOLOGY <input checked="" type="checkbox"/> BLD CULT One / Two <input checked="" type="checkbox"/> URINE CULT <input type="checkbox"/> GC/CHLAMYDIA <input type="checkbox"/> STREP SCREEN <input type="checkbox"/> RSV <input type="checkbox"/> LP PANEL #1 GM STN/C&S <input type="checkbox"/> #2 PROT/GLUC #3 CLL CT/DIFF		RESPIRATORY THERAPY <input type="checkbox"/> HAND HELD NEB <input type="checkbox"/> HEART NEB <input type="checkbox"/> ALBUTEROL <input type="checkbox"/> 2.5mg <input type="checkbox"/> 5mg <input type="checkbox"/> 7.5mg <input type="checkbox"/> 10mg <input type="checkbox"/> ATROVENT <input type="checkbox"/> 500 mcg <input type="checkbox"/> 250 mcg <input type="checkbox"/> DECADRON <input type="checkbox"/> 4mg <input type="checkbox"/> _____ mg <input type="checkbox"/> XOPENEX <input type="checkbox"/> 0.625mg <input type="checkbox"/> 1.25mg <input type="checkbox"/> 2.5mg <input type="checkbox"/> RACEMIC EPI UNIT DOSE <input type="checkbox"/> SINGLE NEG WITH: ALBUTEROL 5mg/ATROVENT 500mcg/ DECADRON 4mg <input type="checkbox"/> HEART NEB OVER 1 HOUR WITH: ALBUTEROL 10MG/ ATROVENT 500 MCG/ DECADRON 4mg TAKE HOME MEDICATION I have dispensed a limited supply of <u>Emergency Medication</u> and have given written and verbal instructions regarding its use to the patient. I have completed medication counseling with the patient including side effects. <input type="checkbox"/> MD initials:																												
PHYSICIAN SIGNATURE: <i>OT</i>																														

EMERGENCY DEPARTMENT
PHYSICIAN ORDER SHEET



FOREMAN, MARCIO 01/29/1974
ACCT# 0522031 02/25/2008 19:08
SMEESTER DANIFI J MR-000313884 M 34Y

DOCTORS HOSPITAL OF MANTECA
Clinical Laboratory
1205 E. North St.
Manteca, CA 95336

Patient : FOREMAN, MARCIO
Med Rec #: (0002)000313884
Loc./Room: EMERGENCY ROOM
Account #: 00000522031

FINAL

Directors: Delta Pathology
Associates
LABORATORY REPORT
Phone (209) 239-8320

D.O.B. : 01/29/1974
Age : 34 YRS Sex : M
Physician: SMEESTER, DANIEL M.D

HEMOGRAMS & COMPLETE BLOOD COUNTS

DATE COLLECTED: 02/25/08

TIME COLLECTED: 2040

PROCEDURE	UNITS		REF RANGE
***** Hemograms *****			
WBC X 10 ³	/cmm	8.0	4.8-10.8
RBC X 10 ⁶	/cmm	4.68L	4.70-6.10
HGB	g/dl	13.4L	14.0-18.0
HCT	%	41.0L	42.0-52.0
MCV	fL	87.5	80.0-94.0
MCH	pg	28.8	27.0-31.0
MCHC	g/dL	32.9	32.0-36.0
RDW	%	12.6	11.5-15.5
PLT X 10 ³	cmm	253	130-400
MPV	fL	8.8	7.4-10.4

***** Automated Differential *****

NEUTROPHILS	%	45.1	43.0-65.0
LYMPHOCYTES	%	41.3	20.5-45.5
MONOCYTES	%	7.7	5.5-11.7
EOSINOPHILS	%	5.0H	0.9-2.9
BASOPHILS	%	0.9	0.2-1.0
NEUT X10 ³	/cmm	3.6	1.4-6.5
LYM X 10 ³	/cmm	3.3	1.2-3.4
MONO X10 ³	/cmm	0.6	0.1-0.6
EOS X 10 ³	/cmm	0.4	0.0-0.7
BASO X10 ³	/cmm	0.1	0.0-0.2

Footnotes

L = Low, H = High

Print Date/Time: 02/25/08 2127

Page: 1

*** End of Report ***

HEMATOLOGY

DOCTORS HOSPITAL OF MANTECA
Clinical Laboratory
1205 E. North St.
Manteca, CA 95336

Patient : FOREMAN, MARCIO
Med Rec #: (0002) 000313884
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FINAL

Directors: Delta Pathology
Associates
Phone (209) 239-8320

LABORATORY REPORT

D.O.B. : 01/29/1974
Age : 34 YRS Sex : M
Physician: SMEESTER, DANIEL M.D

COAGULATION

DATE COLLECTED: 02/25/08
TIME COLLECTED: 2040

PROCEDURE	UNITS	REF RANGE
Coagulation *****		
PROTIME	sec	9.9
INR		1.0
		9.8-12.0

DOCTORS HOSPITAL OF MANTECA
Clinical Laboratory
1205 E. North St.
Manteca, CA 95336

Patient : FOREMAN, MARCIO
Med Rec #: (0002)000313884
Loc./Room: EMERGENCY ROOM
Account #: 00000522031

FINAL

Directors: Delta Pathology
Associates LABORATORY REPORT
Phone (209) 239-8320

D.O.B. : 01/29/1974
Age : 34 YRS Sex : M
Physician: SMEESTER, DANIEL M.D

CHEMISTRY PROFILES

DATE COLLECTED: 02/25/08

TIME COLLECTED: 2040

PROCEDURE	UNITS		REF RANGE
***** Chemistry Profiles *****			
SODIUM	mmol/L	138	133-145
POTASSIUM	mmol/L	4.3	3.3-5.1
CHLORIDE	mmol/L	103	96-108
CO2	mmol/L	30	26-31
GLUCOSE RANDOM	mg/dl	97	70-105
CREATININE	mg/dl	1.0	0.7-1.2
BUN	mg/dl	10	6-20
TOTAL PROTEIN	gm/dl	7.2	6.0-8.0
ALBUMIN	gm/dl	4.0	3.2-5.2
CALCIUM	mg/dl	9.2	8.4-10.2
BILIRUBIN TOTAL	mg/dl	0.2	0.0-1.2
ALK PHOS	U/L	69	40-129
SGOT/AST	U/L	21	10-34
SGPT/ALT	U/L	48	8-63
GLOBULIN	gm/dl	3.2	2.1-3.5
A/G RATIO		1.3	0.9-2.0

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12

**Doctors Hospital
Of Manteca**

Tenn California

EMERGENCY PHYSICIAN RECORD**Foot or Ankle Injury (4)**FOREMAN, MARCIO 01/29/1974
ACCT# 0522031 02/25/2008 19:08
SMEESTER DANIEL J MR:000313884 M 34Y
DHM HSV:85 FC:FinancialClass PT:3**ANKLE**☒ nml inspection
☒ non-tender
☒ nml ROM*
☒ stable☐ see diagram
☐ tenderness soft-tissue / bony
☐ swelling / ecchymosis
☐ limited ROM
☐ deformity
☐ ligamentous instabilityDATE: 2/25 TIME: 2000 ☐ on arrival
ROOM: 14 EMS Arrival ☐
EMS treatments ordered ☐
HISTORIAN: patient spouse paramedics
_HX / _EXAM LIMITED BY: ☐**HPI**chief complaint: Injury to: right left
foot ankle leg knee thigh
great toe 2nd toe 3rd toe 4th toe 5th toe**duration / occurred:**

just prior to arrival

today

yesterday

1 days ago**where:**

home

neighbor's

work

school

park

street

severity of pain:mild moderate severe

worse / persistent since

pain intermittent / lasting

context: fell twisted direct blow stubbed laceration burn
barefoot / wearing shoes**associated symptoms:**

painful / unable to bear weight

snap / crack / pop sensation

none**ROS**

loss feeling / power arms / legs

tingling / numbness distally

headache / neck pain

double vision / hearing loss

nausea / vomiting

trouble breathing / chest pain

loss of bladder function

suspected FB (skin lac)

recent fever / illness

☐ all systems neg except as marked**SOCIAL HX**

smoker

drug use / abuse

recent ETOH

lives alone

lives at home

lives in nursing home

FAMILY HX

negative

PAST HX

negative

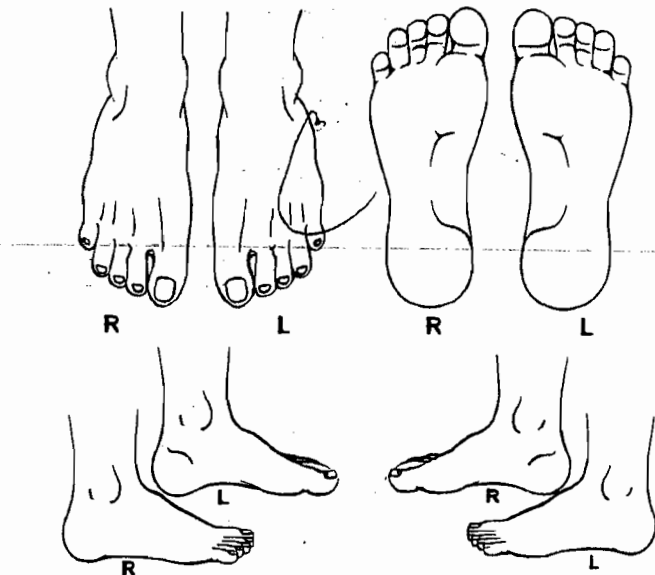
prior injury

diabetes Type 1 Type 2 diet / oral / insulin

HTN heart disease

Meds- none / see nurses note

Allergies- NKDA / see nurses note

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Tetanus immun. UTDV/S BP HR RR TempPulse Ox % on RmAir/ L Interp: nl low hypoxic**PHYSICAL EXAM****GENERAL APPEARANCE**☐ no acute distress☐ mild / moderate / severe distress☐ alert☐ anxious / lethargic**EXTREMITIES****FOOT**☐ nml inspection☐ non-tender☐ see diagram☐ tenderness soft-tissue / bony☐ swelling / ecchymosis☐ limited ROM☐ due to: pain / functional deficit☐ deformity☐ nail injury**GAIT**☐ normal☐ limited by pain / unable to bear weight☐ antalgic gait☐ gait not tested due to pain**NEURO**☐ sensation intact☐ motor intact☐ digital nerve deficit☐ decreased fine touch abnml 2-point discrim.☐ peroneal nerve deficit☐ post tibial nerve deficit**VASCULAR**☐ no vascular☐ compromise☐ pallor / cool skin / abnml cap refill☐ pulse deficit☐ dorsalis pedis post. tibial**TENDONS**☐ tendon function☐ normal☐ tendon visualized / injury seen☐ extensor flexor complete partial☐ deficit in tendon function☐ limited extension limited flexion**LEG / KNEE / THIGH**☐ uninjured☐ above ankle☐ see diagram☐ tenderness soft-tissue / bony☐ swelling☐ deformity☐ knee effusionT=Tenderness S=Swelling
E=Ecchymosis B=Burn
C=Contusion Lac=Laceration
A=Abrasion
PW=puncture wound
(/)=without m=mild
mod=moderate s=severe
Example- T₅ = Tenderness on
palpation (severe)

KIN see diagram
warm, dry diaphoretic / cool / cyanotic

EAD / ENT tenderness
nml inspection swelling / ecchymosis

HECK / BACK tenderness
nml inspection swelling / ecchymosis
non-tender

HEST tenderness
no resp. distress swelling / ecchymosis
non-tender wheezes / rales / rhonchi
breath snds nml

II (ABDOMEN) tenderness / guarding
non-tender
no organomegaly
nml bowel snds*

PROCEDURES

Wound Description / Repair

length cm location
near irregular flap stellate
superficial *subcut *muscle through-and-through
contused tissue lip laceration
clean contaminated moderately / *heavily

distal NVT: neuro & vascular status intact no tendon injury

anesthesia: local LET / tetracaine / adrenaline / cocaine mL
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
moderate sedation required; see attached 23d template

rep: debrided
irrigated / washed w/ saline minimal / *mod. / *extensive
wound explored minimal / mod. / *extensive
foreign material removed *wound margins revised
partially completely *vermillion border aligned
minimal / mod. / *extensive multiple flaps aligned
no foreign body identified

repair: Wound closed with: wound adhesive / Dermabond / steri-strips

SKIN- # -0 nylon / prolene / staples
interrupted running simple mattress (h/v)

*NAIL BED- # -0 vicryl / chromic
interrupted running simple mattress (h/v)

OTHER- # -0 material
interrupted running simple mattress (h/v)

may indicate intermediate repair may indicate complex repair

NKLE

ice wrap / tape boot orthosis crutches post-op shoe
air cast neoprene sleeve

splint sugar-tong / posterior OCL / Ortho-glass / plaster
applied by ED Physician / Orthopedist / Tech
examined post splint application NV intact alignment good

OTHER

toes "buddy-taped"
subungual hematoma drained with electrocautery
digital block lidocaine 1% mL marcaine 0.25% 0.5% mL
foreign body removed with forceps with incision



FOREMAN, MARCIO 01/29/1974
ACCT# 0522031 02/25/2008 19:08
SMEESTER DANIEL J MR:000313884 M 34Y
DHM HSV:05 FC:FinancialClass PT:3

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist

R/L foot ankle tib/fibula toe
normal / NAD DJD
no fracture dislocation
nml alignment soft-tissue swelling
no foreign body foreign body
fracture non-displaced displaced
transverse oblique comminuted angulated
impacted torus

Other study:

☐ See separate report

PROGRESS

Time unchanged improved re-examined

Chen Paul WNL

initial fracture care provided: follow-up on
Rx given
referred to / discussed with Dr. Time:
will see patient in: office / ED / hospital in days

CLINICAL IMPRESSION

Fall Alleged Assault

Contusion R / L knee ankle foot
Hematoma great toe 2nd toe 3rd toe 4th toe 5th toe
Laceration
Sprain / Strain / Dislocation
Fracture R / L stabilized / restorative
tibia distal / shaft / proximal
fibula distal / shaft / proximal
bimalleolar trimalleolar talus calcaneus
navicular metatarsal phalanx #:

3rd Degree Burn @ Leg

Diabetic Neuropathy + PV D

DISPOSITION- ☒ home ☐ admit ☐ transferred ☐ AMA ☐ eloped

Time

CONDITION- ☐ good ☐ critical ☐ improved ☒ stable ☐ serious

RESIDENT / PA / NP SIGNATURE

ATTENDING NOTE:

Resident / PA / NP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is:

My personal exam of patient reveals:

Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:

I confirm the diagnosis of:

Care plan reviewed. Patient will need:

Please see resident / midlevel note for details.

Physician Signature

RTI #

turned care over at

Physician Signature

RTI #

assumed care at

The Permanente Medical Group, Inc.

Medicine 8
975 Sereno Drive
Vallejo, CA 94589-2441
Dept: 707-651-1025
Main: 707-651-1000

September 28, 2007

Marcio Foreman
1260 Stanford Ave # 4

San Pablo, CA 94806

To Whom it May Concern:

I am the primary care doctor for the above named patient. He has the following medical conditions:

Patient Active Problem List:

DIABETES MELLITUS TYPE 2

PARAPLEGIA

ULCER, DECUBITUS

ULCER, ISCHEMIC LOWER EXTREMITY

OSTEOMYELITIS, CHRONIC

CLOSED FRACTURE VERTEBRAL COLUMN, WITH SPINAL CORD INJURY

LATE EFFECT OF INJURY SPINAL CORD

PERSONAL CONDITION INFECTION WITH DRUG RESISTANT

MICROORGANISMS

NEUROPATHIC BLADDER

He takes the following medications:

Active Medications as of 09/28/2007:

TRIMETHOPRIM-SULFAMETHOXAZOLE 160 MG-800 MG TAB, Sig: Take 1 tablet orally 2 times a day for 7 days

ASPIRIN 81 MG ORAL TBEC DR TAB, Sig: Take 1 tablet orally daily

OXYBUTYNIN CHLORIDE 5 MG ORAL TAB, Sig: Take 1 tablet orally 3 times a day

HYDROCODONE-ACETAMINOPHEN 5 MG-500 MG TAB, Sig: Take 1 to 2 tablets orally every 4 hours when needed for pain LIMIT OF 8 PER DAY

BACLOFEN 10 MG ORAL TAB, Sig: Take 4 tablets orally 4 times a day

BACITRACIN-POLYMYXIN B 500 UNIT-10,000 UNIT/G OINTMENT, Sig: Apply topically 1 to 3 times a day to affected area(s) DO NOT USE FOR MORE THAN 1 WEEK CAN BUY OVER THE COUNTER

METFORMIN 500 MG ORAL TAB, Sig: Take 1 tablet orally daily with food

• METFORMIN 500 MG ORAL TAB	Take 1 tablet orally daily with food	100	3
• LISINOPRIL 5 MG ORAL TAB	Take 1 tablet orally daily	100	3

He has the following special medical needs:

~~He needs to self cath every 4 hours due to neuropathic bladder~~

He takes baclofen 3 tabs every 4 hours - for muscle spasms.

~~He uses fleet enemas (2) and fleet suppositories every 2-3 days to achieve BM.~~

~~He uses bedpan b/c of hx of bedsores.~~

He requires a shower bench in shower due to paraplegia.

~~He uses wheelchair with custom Rebo cushion~~

Currently he sleeps on an air mattress to help prevent bedsores.

~~He uses waffle boots while sleep to keep legs from turning inward.~~

For transfers into and out of bed, he uses sliding board.

He uses thick cream skin protectant to prevent breakdown of skin and uses skin barrier wipes.

He uses mepilex foam for protection of this area left buttock - he needs first aid tape to secure the foam

~~He uses latex gloves for assisted bowel movements and catheterization for urine.~~

Sincerely,


REBEKAH CHANG MD

Exhibit (5)
- DOCUMENTATION -

Exhibit (6)
LETTER FROM THERAPYST
TODD TANNER

EXHIBIT (6)

Dear Sirs or Madams,

October 19, 2007

I have known Marcio Foreman since his admission to Kaiser Foundation Rehab Center at Vallejo, in 2003. I guess the best way to talk about Marcio's character is to briefly tell you a story that I tell my new Physical Therapy residents when I teach the Spinal Cord Injury module.

When I first met Marcio it was shortly after his injury and he was not so happy with the world. To put it more succinctly he was mad as hell. Luckily, we were able to find some common ground and rapport began to develop between us. It was simple he wanted to get better and I wanted to teach him how to become more independent.

After about 4 weeks it was time for Marcio to discharge home. Marcio and his family were not happy to hear that it was time to leave and I remember having a lively conversation with him, his aunt and some friends. What I remember most was the tone of Marcio's voice. He didn't yell, get angry or become verbally combative...he just said "please...what am I suppose to do?"

Those words hung with me after Marcio had left the hospital. I thought to myself that I do not know what kind of life Marcio was going to return to but it certainly wasn't any life that I could understand. I also felt that regardless of how Marcio came to be at this hospital that he was a good kid and maybe if he grew up in a different place he never would have gotten shot in the first place.

Flash forward 6 months or more....the exact date I do not remember.

I came into work and had gotten a patient slip for a new evaluation. The patient was a young male who was a victim of a gun shot wound. I had ran into his nurse in the hall and she said that this new patient was very difficult and giving them a hard time. I thought to myself, "Great!!!!...happy Monday."

Later in that day I met this new patient and introduced myself as the primary physical therapist to work with him. He looked at my name tag and ask if I was Todd Tanner. Taken slightly aback by this question I said yes, then asked why. He said that his cousin Marcio had told him that I was good guy and that he was to do what I say. That is exactly how our therapy went. He worked very hard and never gave the therapists any trouble.

Flash forward a couple of months or more....again, the exact date I do not remember.

Marcio had started outpatient at Vallejo and I was lucky enough to work with him again. We picked up where we left off only now he was able to do more because his left upper extremity had gotten stronger. Over our many sessions I asked him how his cousin was doing. He told me the stories of how he had fallen back with a bad crowd and spent a lot of time sitting on a gun, in his wheelchair, in front of a liquor store. Marcio told me of

his many attempts to try to get his cousin to stay away from the gangs. I could see regret in his eyes and love for his cousin.

I went home and thought of what Marcio said and thought....I was right about him. He is a decent man in a bad environment. If he could just find a way out he could do most anything with his life.

From a medical stand point Marcio has a T-4 (Thoracic vertebral level four) spinal cord injury. His injury is complete, meaning that he has no motor movement or sensation below his mid chest. Marcio will spend the rest of his life in a wheelchair. He has a history of pressure sores and therefore he must use a ROHO(air) cushion any time he is seated and sleeps on a special air mattress at night. Mr. Foreman's condition is permanent and will require medical and physical follow up care for the rest of his life.

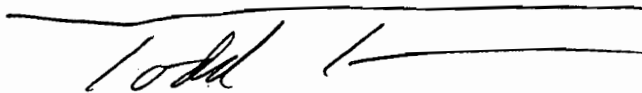
Marcio has volunteered to help train new PT residents during our spinal cord injury week. These physical therapists, many of whom have never worked with spinal patients, get a chance to practice their newly acquired academic skills on real patients. Marcio always comes when he can and occasionally he will bring his children to watch him work.

Recently Marcio has had a decline in his strength and mobility and will be starting physical therapy once again on October 31 2007.

Over the years, Marcio has proven to be a dedicated father, a respectful and reliable young man with a kind heart and life experience that I could never comprehend. Marcio has taken these qualities and experience and has tried to make a difference in his community. He talks to me with great pride about his efforts to mentor young kids away from the gangs and gang life style.

As for Marcio's cousin, well, after discharge was imprisoned, released, shot five more time and currently is in prison again. I wonder what his life might have been if he had just listened to his cousin Marcio.

I hope this is what you are looking for. Please feel free to contact me as I will enclose a card with this letter.

A handwritten signature in black ink, appearing to read "Todd", followed by a horizontal line.

Todd Manning Tanner MSPT

Exhibit (7)
Hardship for Rhonda
JACKSON



VISIT OR APPOINTMENT VERIFICATION / RESTRICTIONS

Patient JACKSON, RICHONDA
MR# 149822-9
Date 11/30/07

☐ Work Related / Industrial

☐ **Contra Costa Regional Medical Center**
Martinez Health Centers
2500 Alhambra Ave.
Martinez, CA 94553
1-877-905-4545

☐ **Antioch Health Center**
3505 Lone Tree Way
Antioch, CA 94509
1-877-905-4545

☐ **Bay Point Family Health Center**
215 Pacifica Ave.
Bay Point, CA 94565
1-877-905-4545

☐ **Brentwood Health Center**
171 Sandcreek Rd., Suite A
Brentwood, CA 94513
1-877-905-4545

☐ **Concord Health Center**
3052 Willow Pass Road
Concord, CA 94519
1-877-905-4545

☐ **Pittsburg Health Center**
2311 Loveridge Road
Pittsburg, CA 94565
1-877-905-4545

☒ **Richmond Health Center**
100 38th Street
Richmond, CA 94805
1-877-905-4545

☐ **North Richmond Center for Health**
1501 3rd Street
North Richmond, CA 94801
1-877-905-4545

☐ **Other**

Richmond Health Center
38th & Bissell
Richmond, Calif. 94805

The Above-Named Person:

☒ Has a "Serious Health Condition" and requires a family member to take time off from work to provide basic medical, personal or safety needs, transportation, or psychological comfort.

The probable frequency and duration of this need is LIFETIME

☐ Received medical attention at our Health Center on _____ and left at _____ am/pm.

☐ Has an appointment at our Health Center on _____ at _____.

☐ Was at our Health Center on _____ and left at _____ am / pm.

☐ Has been ill and unable to work or attend school _____ through _____.

☐ States he/she has been ill and unable to work or go to school _____ through _____.

☒ Diagnosis (complete on patient request only) DEMENTIA, INCONTINENCE

☐ Can return to work or school with NO RESTRICTIONS on _____.

☐ Should not participate in physical education until _____.

☐ Can participate in a modified work program starting _____ through _____.

(Please note: If modified work is not available, this patient is then unable to work for this time period.)

RESTRICTIONS _____ hours per day _____ days per week

Based on an 8-hour day, employee can:

Stand/walk _____ hours at a time _____ Total hours ☐ no restrictions

Sit _____ hours at a time _____ Total hours ☐ no restrictions

Drive _____ hours at a time _____ Total hours ☐ no restrictions

Lift/Carry (Occasionally = up to 1/3 workday. Frequently = up to 2/3 workday)

0-10 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

11-25 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

26-40 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Bend ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Squat ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Kneel ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Climb ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Reach above shoulders ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Perform repetitive hand motion ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Assistive Devices? (e.g., cast, brace, crutches) _____

Other Restrictions PATIENT'S CONDITIONS MAKE TRAVEL

Treatment Plan A SEVERE HARDSHIP, FOR TRAVEL

☐ Medication effects which could impair performance BEYOND THE LOCAL

☐ Physical therapy required. Frequency AREA AROUND

☐ Reevaluation on SAN FRANCISCO

Provider Signature Troy Kail, M.D. Richmond Health Center

G61656 BK1465978 Richmond, Calif. 94805

I hereby authorize Contra Costa Regional Medical Center and/or the Contra Costa Health Centers to verify to my employer/school, upon request, the information contained on this form.

Patient Signature Len Kail Date 12-4-07

EXHIBIT 87
S.O.A.P.E.
REPORT

DEUEL VOCATIONAL INSTITUTION

23500 S. KASSON RD., TRACY, CA 95378

(209) 835-4141 EXT. 5717

S.O.A.P.E. REPORT

LOCATION: RC**DOB:** 01/29/1974**CDC#:** F97105**NAME:** FOREMAN, MARCIO**DATE:** 02/11/2008**PHYSICIAN:** CRAWFORD, C., PA-C**SUBJECTIVE:**

This patient was requested to be seen in triage by nursing staff. Apparently, the patient was sleeping and did not know his foot was on a heater. The patient is paraplegic from waist down and he was burned. He states it is a 3rd degree burn. He was sent to the emergency room last night and was seen by nursing staff this evening for a dressing change. They were wondering about treatment so, I elected to see this patient rather than make him wait. The patient said he was shot in 2003 in the back. He had to go 'Man down' TTA yesterday. He was seen at the emergency room. I do not have a medication list. NO UHR CHART/MEDICAL RECORDS AVAILABLE AT THIS TIME.

OBJECTIVE:

ALLERGIES: NO KNOWN DRUG ALLERGIES AT THIS TIME. Vital Signs-BP: 100/68. Pulse: 77/min. Respiration: 20/min. Temperature: 97.6F. Weight: 180 lbs. The patient is wheelchair bound. Lower extremities are notable for obvious muscle atrophy. There is a fresh clean dressing on his foot. I elected not to remove it to examine it today. Eyes are PERRLA, EOM is intact. He appears to be in no distress. He is a 34-year old alert oriented x3 well-developed, well-nourished black male. Eyes are PERRLA, EOM is intact. Conjunctiva pink and moist. The lungs are clear in all fields. Heart regular rhythm and rate. Abdomen completely benign. Extremities as previously noted.

ASSESSMENT:

Burn less than 24 hours old. Redressed.

PLAN:

Daily silvadene dressing changes and nursing staff will call medial provider over when they are changing his dressing tomorrow so we can see how it is progressing.

Cy

C. CRAWFORD, PA-C

CC: de
dt: 02/14/08

2-12-08 - wound was examined & erythema, tissue is macerated & serosanguinous drainage, a large fluid filled blister on sole of foot, seems to be intact whereas the lateral one has ruptured. p) cont. daily dressing changes.

S.O.A.P.E. REPORT

EXHIBIT 9
S.O.A.P.E. REPORT

DEUEL VOCATIONAL INSTITUTION

23500 S. KASSON RD., TRACY, CA 95378
(209) 835-4141 EXT. 5717

S.O.A.P.E. REPORT

LOCATION: RC **DOB:** 01/29/1974 **CDC#:** F97105
NAME: FOREMAN, MARCIO **DATE:** 02/11/2008
PHYSICIAN: CRAWFORD, C., PA-C

SUBJECTIVE:

This patient was requested to be seen in triage by nursing staff. Apparently, the patient was sleeping and did not know his foot was on a heater. The patient is paraplegic from waist down and he was burned. He states it is a 3rd degree burn. He was sent to the emergency room last night and was seen by nursing staff this evening for a dressing change. They were wondering about treatment so, I elected to see this patient rather than make him wait. The patient said he was shot in 2003 in the back. He had to go 'Man down' TTA yesterday. He was seen at the emergency room. I do not have a medication list. NO UHR CHART/MEDICAL RECORDS AVAILABLE AT THIS TIME.

OBJECTIVE:

ALLERGIES: NO KNOWN DRUG ALLERGIES AT THIS TIME. Vital Signs-BP: 100/68. Pulse: 77/min. Respiration: 20/min. Temperature: 97.6F. Weight: 180 lbs. The patient is wheelchair bound. Lower extremities are notable for obvious muscle atrophy. There is a fresh clean dressing on his foot. I elected not to remove it to examine it today. Eyes are PERRLA, EOM is intact. He appears to be in no distress. He is a 34-year old alert oriented x3 well-developed, well-nourished black male. Eyes are PERRLA, EOM is intact. Conjunctiva pink and moist. The lungs are clear in all fields. Heart regular rhythm and rate. Abdomen completely benign. Extremities as previously noted.

ASSESSMENT:

Burn less than 24 hours old. Redressed.

PLAN:

Daily silvadene dressing changes and nursing staff will call medial provider over when they are changing his dressing tomorrow so we can see how it is progressing.

Cy

C. CRAWFORD, PA-C

CC: de
dt: 02/14/08

2-12-08 - wound was examined & erythema, tissue is macerated & serosanguinous drainage, a large fluid filled blister on sole of foot, seems to be intact whereas the lateral one has ruptured. p) cont. daily dressing changes.

S.O.A.P.E. REPORT

— THIS FORM MUST BE KEPT CONFIDENTIAL — APR 07 2008

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Randy J. Valenzuela F 92648 DVI F, 5 PO Box 600 Tracy, Ca 95378-0600 TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY
NAME OF COURT: Superior Court of California, Rvs STREET ADDRESS: 880 N. STATE STREET MAILING ADDRESS: 880 N. STATE STREET CITY AND ZIP CODE: Hemet, Ca 92543 BRANCH NAME: Hemet		
PLAINTIFF/ PETITIONER: Samantha Sanchez DEFENDANT/ RESPONDENT: Randy J. Valenzuela		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: HED 004625

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am **not** able to pay any of the court fees and costs.
b. ☐ I am able to pay **only** the following court fees and costs (specify):
 2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
DVI F, 5 P.O. Box 600 Tracy, Ca 95378-0600
 3. a. My occupation, employer, and employer's address are (specify): none, incarcerated
b. My spouse's occupation, employer, and employer's address are (specify):
N/A
 4. I am receiving financial assistance under one or more of the following programs:
 - a. **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. **Food Stamps:** The Food Stamp Program
 - d. **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
 5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
 - a. (Optional) My Medi-Cal number is (specify):
 - b. (Optional) My social security number is (specify):
[] [] [] - [] [] [] - [] [] [] [] and my date of birth is (specify):
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]
- [If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]**
6. My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.
- [If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]**
7. My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: 4-3-08

RANDY VALENZUELA

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

Randy Valenzuela

FW-001

PLAINTIFF/PETITIONER: <u>Samantha Sanchez</u>	CASE NUMBER: <u>HED 004625</u>
DEFENDANT/RESPONDENT: <u>Randy J. Valenzuela</u>	

FINANCIAL INFORMATION

8. My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ 0
- b. My payroll deductions are (specify purpose and amount):
- (1) \$ _____
- (2) \$ _____
- (3) \$ _____
- (4) \$ _____
- My TOTAL payroll deduction amount is: \$ 0
- c. My monthly take-home pay is (a. minus b.): \$ 0
- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- (1) \$ _____
- (2) \$ _____
- (3) \$ _____
- (4) \$ _____
- The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): \$ 0
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** (a. plus d. plus f.): \$ 0
10. I own or have an interest in the following property:
- a. Cash \$ 0
- b. Checking, savings, and credit union accounts (list banks): 0
- (1) \$ _____
- (2) \$ _____
- (3) \$ _____
- (4) \$ _____
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each): 0
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property): 0
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately): \$ _____
11. My monthly expenses not already listed in item 9b above are the following:
- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental payments \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) \$ _____
- k. Installment payments (specify purpose and amount):
- (1) \$ _____
- (2) \$ _____
- (3) \$ _____
- The TOTAL amount of monthly installment payments is: \$ 0
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0
- m. Other expenses (specify):
- (1) \$ _____
- (2) \$ _____
- (3) \$ _____
- (4) \$ _____
- (5) \$ _____
- The TOTAL amount of other monthly expenses is: \$ 0
- n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): \$ 0
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

Roderich Coleman
P.O. Box 600
Ft. Valley, FL 32030
Tallahassee, FL 32308

LEGAL MAIL

RECEIVED

AUG 24 2008

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

United States District Court
Eastern District of California
1450 Golden Gate Ave
SAN FRANCISCO CA 94104

LEGAL